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PART B - FEE(S) TRANSMITTAL

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transmitted to the USPTO (571) 273-2885, on the date indicated below. WOOD, HERRON & EVANS, LLP 2700 CAREW TOWER 441 VINE STREET CINCINNATI, OH 45202 OCT 2 4 2006 (Signat (Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/687 857 10/17/2003 James L. Dav 9568 TITLE OF INVENTION: SKULL CLAMP WITH LOAD DISTRIBUTION INDICATORS APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$700 \$0 \$700 \$700 11/08/2006 **EXAMINER** ART UNIT CLASS-SUBCLASS SAM, CHARLES H 3731 606-130000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗀 Corporation or other private group entity 🗀 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ Issue Fee A check is enclosed. ☐ Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. ☐ Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _______ (enclose an extra copy of this form). 5. Change in Entity Status (from status indicate: above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Authorized Signature Date Typed or printed name Registration No. This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.

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CERTIFICATE OF FACSIMILE TRANSMISSION

Thereby certify that a total of 2 pages of correspondence for Serial No. 10/687,857 is being acsimile transmitted to Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, fax number <u>571-273-2885</u>, on October 24, 2006.

Name of Person Faxing Paper: Geena Licata

PATENT

ATTY. DOCKET NO. ILSC-13D

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: James L. Day et al.

Serial No.: 10/687,857 Examiner: Charles H. Sam Filed: October 17, 2003

For:

SKULL CLAMP WITH LOAD DISTRIBUTION INDICATORS

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

ISSUE FEE

Dear Sir:

Enclosed herewith is a second Issue Fee transmittal in this application indicating that an Issue Fee of \$700 is due, an Issue Fee of \$700 was previously paid, and that a total fee of \$700 is due. Applicants did previously pay an Issue Fee of \$700 on June 15, 2005 and respectfully request that the previously paid Issue Fee of \$700 be applied to the currently due Issue Fee.

Respectfully submitted,

/C. Richard Eby/ C. Richard Eby Reg. No. 25,854

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